

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 / 720006

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	①					
5	①					
6	①					
7	①					
8	①					
9	1					
10	1					
11	2					
12	①					
13	①					
14	①					
15	①					
16	1					
17	1					
18	2					
19	2					
20	1	2				
21	①					
22	①					
23	①					
24	①					
25	①					
26	①					
27	①					
28	①					
29	①					
30	①					
31	①					
32	①					
33	1					
34	1					
35	2					
36	2					
37	①					
38	②					
39	①					
40	①					
41	1					
42	1					
43	2					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	46					
TOTAL CLAIMS	51					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
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58			
59			
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS